PHYSICIANS should state

act statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-0)
County / 1 10cs hi	Registration Dist. No. 357
Village or Char Imm Thus	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Cus his bos is hop	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male negro maried	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (os) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 1001	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last saw h; death is sald
7. AGE Years Months Days If LESS than I day,hrs.	to heve occurred on the date steted ebove, at / m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Tormin.	were as follows:
2 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at Oct 15 11. Totel time (yeers) this occupation (month and	Dhowh and sun ory Cy
or work was done, as SILK MILL, SAW MILL, BANK, etc.	an automot ill
10. Date deceased lest worked at Oct 15 11. Totel time (yeers)	
10. Date deceased lest worked at this occupation (month and 1934) spent in this occupation.	
7	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) Many Tanh,	
14. BIRTHPLACE (city or town) Lord 14 (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME (AND MANNE)	
15. MAIDEN NAME (Manaum 16. BIRTHPLACE (city or town) unlargume	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) umanum (State or country) mury land	Accident, suicide, or homicide? Accident. Date of injury 10/15, 19-3 4
and 1	Where did injury occur? Man Street (Specify city or town, county and State)
17. INFORMANT Nova Bishaf	Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE.
(Address) Snow Hill ma	Jones to plan.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Stindline ma Date (CC) 8, 1934	Neture of injury
19. UNDERTAKER Chas Ol Purse 00 (Address) Chas Ol Purse 00	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10/18 1934 LE Proj. Swith	(Signed) / MANAGE Cross Corone M.D.
Registrar.	(Address) Surn Hill med.
If more blanks are needed, address State Registrar	2477 N Charles Street Relimore Personne T) S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	HER STATEMENTS BY PHYSICIA	N
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TARGIN RESERVED FOR BINDING THE UNFADING INK—THIS IS A PERMANENT RE		\mathbb{Z}
TH UNFADING INK—THIS IS A	BINDING	PERMANENT
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TH UNFADING INK-THIS	FC	SI
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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I	U	6	1	1.7	

1. PLACE OF DEATH			(36)	-~2
County Worcester			Registration Dist. No.	
Village or City Pocomoke	PROTEIN	(If	NoSt., [death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrsn	
2. FULL NAME Anne Gr	ace Blai	ne		
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female White		RIED, WIDOWED, (write the word)	21. DATE OF DEATH Pocomoke City October 12th. (Month) (Day)	, 1934 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended 19 33 to Oct. 12,	deceased from
7. AGE Years Months	Days	896	I last saw h er alive on Oct. 12, 1934. to have occurred on the date stated above, at 1.30 A. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	; death Is said
38 5	9	ormin,	were es follows:	Date of onset
SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month and year) 12. BIRTHPLACE (city or town) OCOMO (State or country)	11. Total ti sper occu	me (years) tt in this pation	Carcinoma (Metastatic). Carcinoma of Breast. Other Coutributory Causes of Importance:	
🖺 13. NAME Edward I.Bla:	ine			1
13. NAME Edward I.Bla: 14. BIRTHPLACE (city or town) POCO (State or country) Mar	moke Cit	y-,	Name of operation Date of Whet test confirmed diagnosis? Was there an	
16. BIRTHPLACE (city or town) P.Q.Q.Q.I.	errill noke City yland.	7	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? Where did injury occur?	, 19
17. INFORMANTIS. Wm. H. School (Address) Focomoke Cit		ind.	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	LACE,
18. BURIAL CREMATION, OR REMOVAL resoyterian Cemete	Ty Date Oct.	14th, 19.34	Manner of injury	
19. UNOERTAKER // MANOUL / (Address) POCOMORE Ci	- Allu	eusa	24. Was disease or injury in any way related to occupation of deceased?	No.
20. FILED Oct 13, 1934	John J.	Registrar.	(Signed) (Address) Pocomoke City, Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA-

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE	OF	MARYI	AND-	CERTIF	ICATE	OF	DEATH
JIAIL		MIVIL	AIND	CLIVIII	ICAIL	VI	DLAIII

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1. PLACE OF DEATH	<u> </u>
County Mercester	Registration Dist. No. 354
Village or City	No. St., W (If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmos.
2. FULL NAME Stillow Brow	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the	OWED. 21. DATE OF DEATH
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased
7. AGE Years Months Days If LES	I last saw h
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this coveration (months and	min. were as follows: Serlation Date of o
year)	Other Contributory Causes of importance:
(State or country) Marche 200 200 13. NAME Stire to be 13. NAME	Design The second secon
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Olsee no. 7 co. 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL PlaceDate	Manner of injury
19. UNDERTAKER(Address)	24. Was disease or injury In any way related to occupation of deceased?
	egistrar. (Address)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	ZJ-1001
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1001 70			
Other contributory causes of importance: ON		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
- 6			

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Jo 1	plnc	000	
item	sho	Jo	
Every	CIANS	tement	-
RD.	IX	sta	
RECO	. PH	Exact	
NK-THIS IS A PERMANENT RECORD. Every item of infor-	should be stated EXACTLY. PHYSICIANS should state	it may be properly classified. Exact statement of OCCUPA-	
IS A PE	tated E	roperly	n back of certificate.
IIS	he s	be p	of ce
TH-TH	plne	nay	ack
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STATE OF MARYLAND—CERTIFICAT	IF	ノト	DEAT
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1	. PLAC	E OF DEA	TH		(51)			
	County	Word	ester		WITHIN CORPS	Registration Dist. No.	50	
	Village	or City	ocomoke	City.		NoSt.,	Ward	
11	Length	of residence in o	city or town where	death occurred		f death occurred in a hospital or institution, give its NAME instead of street and nuds. How long in U.S. If of foreign birth?yrsmos		
				is Bunti				
1		esidence: No		ra-num	LI16	St., Ward.		
	(4) 110	saluence. 140		(Usual place	of abode)	If nonresident give city or town and S	itate	
				ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
F	sex emale	W	hite	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Pocomoke City, October 3rd. (Month) (Day)	1934 (Year)	
5a.	HUSBANI (or) WIF	widowed, or div	orced y L.Bun	ting		22. I HEREBY CERTIFY, That I attended d		
_			1	rch 31st		September, 1934, to Oct. 3, 1	death is said	
7.	AGE	Years 77	Months	Days	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 1.4.5 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
	i o Trada		6	3	ormin.	were as follows:	Date of onset	
NO	kir SA	profession, or p nd of work done WYFR BOOKKE	DA CDINNED	Housewit	re	Auto intoxication		
OCCUPATION	9. Indust	ry or business I	n which					
SC		rk wes done, as W MILL, BANK, deceased last wo		11 Total ti	ime (years)	-		
ō	thi	s occupation (ma	onth and	spei	nt in this			
12	DIDTUDIA	CE (aity or town	Somers	et Count	v	Other Contributory Causes of Importance: Arthritis Deformans		
12.		or country)		land.		Chronic Indegestion		
ER	13. NAME	Willi	am H.Br	ittingha	am	Chronic Constipation		
FATHER	14. BIRTH	PLACE (city or t	town)			Name of operation Dete of		
-	(\$	tate or country)		Iowa		What test confirmed diagnosts? Was there an au	lopsy?	
HER		N NAME EM				23. If death was due to external causes (VIOLENCE) fill in also the following:		
MOTHER			town) Some	rset Cou	inty	Accident, suicide, or homicide? Date of injury	, 19	
		tate or country)		ryland.		Where did Injury occur? (Specify city or town, county and State)	
	(Addre	ss) Poco	moke Ci	Bunting ty Mary		Specify whether injury occurred In INDÚSTRY, In HOME, or in PÚBLIC PLA	CE.	
18.	BURIAL, CI	REMATION, OR	REMOVAL	. 00+ 1	E.A.2	Manner of Injury		
-	Place	oconok	e City	Date C. L.	5th19.34	Nature of injury		
19.	UNDERTAR (Addre	ss) POCOM	loke Cit	y. Naryl	and.	24. Was disease or injury in any way related to occupation of deceased?	No.	
20	FILED D	7.3.	1954 /	An T. 1	Elen	(Signed) All authur	M. D.	
1	Registrar.				Registrar.	(Address) Ocomoke City, Md.		

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Example I	i i	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W	Other contributory causes of importance:	
Gunocones	May 1,1923	Gastroentcritis	1 year
			77

BINDING	
FOR	
RESERVED	
IARGIN	

STATE OF MARYLAND—CERTIFICATE OF DEATH item of inforof OCCUPA-1. PLACE OF DEATH should County No as to PHYSICIANS Langth of residance in city or town whera death occurred_____3 WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every statement 2. FULL NAME PARTHENIA (a) Residence: No. Wis mrs Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, EXACTLY. OR DIVORCED (write the word) classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1899 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months stated If LESS than Days 1 day, _____hrs. 3 5or min. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION be jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ it may AGE should instructions on back 10. Date deceased last worked et this occupetion (month and 11. Total tima (years) spent in this so that occupation ... 12. BIRTHPLACE (city or town) supplied. (State or country) CAUSE OF DEATH in plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town). (State or country) mation should be carefully MOTHER very important. 15. MAIDEN NAME -WRITE PLAINLY, 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMAZION, OR REMOVAL TION is 19.3.9 19. UNDERTAKER (Address)

(13)	
	Registration Dist. No. 317
No	St.,Ward
	tion, give its NAME instead of street and number) of foreign birth?dsds.
	of foreign birth?ds.
TER	
St.,Ward.	If nonresident sine situ
MEDICAL C	If nonresident give city or town and State ERTIFICATE OF DEATH
21. DATE OF DEATH	/
Ø e j	(Month) (Day) (Year)
22. I HEREBY	CERTIFY, That I ettended deceased from
	, 19, to, 19
I lest saw h alive on	; death is said
to have occurred on the date stata	
The PRINCIPAL CAUSE OF DEAT were as follows:	H and related causes of Importance
	Uate or onset
Other Contributory Causes of Impo	rtance:
	Date of
	Was there an autopsy?
7	SP (VIOLENCE) filf in also the following:
Accident, suicide, or homicide?	Date of injury Oct : 1419 3 4
Where did injury occur?	(Specify city or town, county and State)
Specify whather injury occurred in	INDUSTRY, In HOME, or In PUBLIC PLACE.
Manner of injury	1 + 12
Nature of injury	mos round
,	ay related to occupation of deceased?.
If so, specify	1 / / A arting arom
(Signed)	M. O. M. D.
(Address)	my Hill my
II N. Charles Street, Baltimore, Rec	quetting 7) S. No. 1

If more blanks are needed, address State Registrar, 24

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Example I	į	Example II	
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gument .			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

н.
No.
V. S.

County Village or City	lelige	Registration Dist. No. 351
	are daeth occurred _ Zwa_yrs, _ Zwa_mos	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foraign birth?yrsmosds
2. FULL NAME THO		St., Ward. Wurnerd / 4. If nonresident give city or town and State
PERSONAL AND STATE		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE May Col.	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrige the word)	21. DATE OF DEATH 6 e/. /6 , 193 4/ (Month) (Day) (Yaer)
6a. If married, widowed, or divorced HUSBAND of Partilese (or) WIFE of Partilese	ia Carter	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yaars Months	Deys If LESS than 1 dey,hrs.	i last saw h aliva on, 19; deeth is seid to heve occurred on the data stated above, at \(\begin{align*} \begi
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Palory,	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of onset Trust, fred at the hand and multiple of the second of the se
this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country)	spent in this occupation mot sum	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)		Neme of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT	, , ,	23. If death wes due to external causes (VIOLENCE) fill in also the following: Assident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place S Carcalan No.	d Data Od 22, 1934	Mennar of injury
19. UNDERTAKER Chrs a (Addiess) Snew	furnell ma	24. Wes disease or injury. In any way related to occupation of daceased? If so, specify
20. FILED /0/2-2 , 1934 &	Loy Seeith, Registrar.	(Signed) (Address) (Addres

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUIGGAU V. S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10670
1. PLACE OF DEATH	CERTIFICATE OF BEATTY 10010
county M. orcester	Registration Dist. No. 35/
Village or City	Al.
THE CITY OF	death occurred in a hospital or institution, give its NAME instead of street and number)
1 - 4 - 1	ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME VICIOUS Flans	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH See 1
Demall Of Married	(Month) (Oay) (Year)
5a. If married, widowed, or diverced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Jeans Kgus	Det 9 1934 to Det 19 1934
6. DATE OF BIRTH (month, day, and year) Chefil 6 1857	I last saw h. Malive on Och. 19, 1954; death is said
7. AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the date stated above, at 400 pm.
0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	ff Pf and Julgat 7 inh
work was done, as SILK MILL, SAW MILL, BANK, etc.	Sheptote the saks
fo. Date deceased last worked at this occupation (month and year)	
	Other Contributory Causes of Impartance:
12. BfRTHPLACE (city or town) Many Canal (State or country)	Jall bush
II 13. NAME devin martin	Chrouse Newscort Work
13. NAME Seven Warting 14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State or country)	What test confirmed diagnosis?: Was there an autopsy?
15. MAIDEN NAME LONG KANDEN 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or/gountry)	Accident, suicide, or homicide? Oate of Injury OUE Selley
	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury Fellowstekes
Place 2000 1500 Date 200, 24, 1934	Nature of injury Growing a lacestated on 1
19. UNDERTAKER Nearne + Remiss	24. Was disease or injury In any way related to occupation of deceased? 220
(Address) Sman Hill ma	If so, specify
20. FILEO 10724, 1934 RELoy Swith.	(Signed) M. D.
Registrar. If more blanks are needed, address State Registrar, 2	(Address) Ballshurght 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	M 1 1000	Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenteruts	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
ATH To	350
h A	Registration Dist. No.
morrie 1740	NoSt., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
n city of town where death occurredyrs, «m	os. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
Gullon Dean	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
ND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 10 18 3 (Day) (Year)
livorced	
,	22. I HEREBY CERTIFY That I attended deceased from
day, and year 10 /18/34	I last sew here about a Oct 1812 I death is said
Months Days II ESS than	to have occurred on the date stated ebove, atm.
order or min.	The PRINCIPAL CAUSE OF DEATH and retated causes of importence were as follows:
particular ne, as SPINNER, (EEPER, etc	Done lines
s in which as SILK MILL, K, etc.	Frotably mying to
worked at 11. Total time (yeers) month and spent in this	rocher
occupation	Other Contributory Causes of importance:
in)	
any Walson	
town burnelle had	Name of operation Date of
De la companya della companya della companya de la companya della	Whet test confirmed diagnosis? Wes there an autopsy?
Har wall had	23. If death was due to external causes (VID) ENCE; fill in elso the following: Accident, suicide, or homicide?
r town)	Accident, suicide, or homicide?
Apromosulity W.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
R REMOVAL Trinity Cemetary	Manner of injury
Date Oct . 18 , 19 34	Nature of Injury
ner) Henry Wilson	24. Was disease or injuty In any way related to occupetion of deceased?
	II so, specify aglorens of the participation of the
1.34 prim 1. Rely Registrar	(Signed) Proposed Calculation (Address) Proposed Calculation (Address)

Regist

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

	-CERTIFICATE OF DEATH	72
1. PLACE OF DEATH	asom)	
County War cester	Registration Dist. No. 35	55
Village or City Whaleyville Md. P	O- No. St.,	Ward
Length of residence in city or town where deeth occurredyrsm	If death occurred in a hospital or institution, give its NAME instead of street and num osds. How long in U.S. If of foreign birth?yrsmos	ber)
1 12. (1)	mosyrsyrsmos	ds.
2. FULL NAME Jane M. Dow		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	te
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH O 4	
Female white married	W. 25 19	13.46
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of Sewell Downs	22. Oct 23' 1934 to Oct 25'	easad from
6. DATE OF BIRTH (month, day, and year) Nov. 8 - 1851	Hast saw he alive on Oct 25. 19.34; de	
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at	
52 11 18 1 day, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	
9 Tendo profession or particula-	- X - + N C/2 00	of 25'-3'
8. Trade, profession, or particular / kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc House wife		TR. AZ.
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.		
10. Data deceased last worked at Ot. 15 II. Total time (years) spent in this		
yaar) /297 occupation //	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country) (1) halewelle ma.	auto accident	2t. 25.39
II 13. NAME Sparge Trustt		
13. NAME Songe Smith	Name of operation Data of	
(State or country) maryland	What tast confirmed diagnosis? None Was there an autop	. 1.
15. MAIDEN NAME Tolar a Lewis	23. If daeth was due to extarnel causes (VIOL ENCE) fill in also the following:	osyr
15. MAIDEN NAME Clara Lewis 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Data of injury Q of 25	10 34
E (Stata or country) Whaleyrell Md	Where did injury occur? Whalundle and on State	. Hood
17. INFORMANT Palph Dawns. (Address) 4 1 . C. Is Station Break	Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVALTURES 129	Manner of Injury Accordinal 0	7
Placa Printer to emission - Date Oct 28 1934	Natura of injury Fortire of Skull	
19. UNDERTAKER D. Pasha legalsong	24. Was disease or injury in any wey related to occupetion of deceased?	W
(Address) Selver will Del	tf so, spacify	
20. FILED 10 - 27, 1994) Helen F. Nourus	and (Signed) Colland and	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURGAU V. Sc			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

25.436

PHYSICIANS should state

stated EXACTLY. be properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

Exact statement of OCCUPA.

B.-WRITE PLAINLY,

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(92)
County Worcester	Registration Dist. No. 35/
Village or City near Snow I fill Ind.	- No. St Ward
(If Length of residence in city or town where death occurred over the country of	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Privilla Dualis	,
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (quite the word) The married widowad or divorced	21. DATE OF DEATH Det. 29th 193 (Yaar)
5e. If married, widowad, or divorced HUSBAND of (or) WIFE of Wife of John Duffield	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) Dec. 30 1872	I last saw h; daath is said
7. AGE Yaars Months Days If LESS than 1 day,	to have occurred on the data stated above, at 7,20 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
6 9 29 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, at land	no Noctor en allerd
9. Industry or business in which	socion alleudius at time
work was done, as SILK MILL, SAW MILL, BANK, etc	of a stroke of paralyses about
O 10. Date decaased lest worked at this occupetion (month end year)	lucuth ago say history
12. BIRTHPLACE (city or town)	Other Contributory Canses of Importanca: indicated aerollier and
13. NAME unany.	maralisis.
14. BIRTHPLACE (city or town) Snow file ma	Nama of operation. L. Date of L.
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?Ro
15. MAIDEN NAME Pricella Shence 16. BIRTHPLACE (city or town) 5 var Hell, hel.	23. If death was dua to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT Jahn Duffield (Address) Swang field med.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Elevizar Cem.	Menner of injury
Place Snaw gill vnd Date now 1 1974	Nature of Injury
19. UNDERTAKER Chas It would (Address) Spark hill ha	24. Was diseasa or injury In any way related to occupation of daceased?
20. FILED NOV, 102, 19 34 RERay Secrets. Registrar.	(Signed) Recorded & Pag M. D. (Address) Expectfull field.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

OCCUPA-

of

Exact statement

properly classified.

certificate

back

See instructions on so that

it may

CAUSE OF DEATH in plain terms,

is very important.

TION

V. S. No. 1

m ż 16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address)

(Address)

19. UNDERTAKER

STATE OF MARYLAND—	CERTIFICATE OF DEATH 106.4
1.10000-10	40
	Registration Dist. No. 1355
Village or City / Berline	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Orlling Harmo	w.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OF DIVORCED (with the word) Serve of the word)	21. DATE OF DEATH (Month) (Day) (Vear)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Dec. 26, 1908	I last saw har alive on Oef 30 , 19 4 death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
n S 10 (- 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trede, profession, or particular	were as follows:
Nind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	C.C.
SAW MILL, BANK, etc.	Kiricardilis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) year) 11. Total time (yeers) spent in this occupation.	
12. BIRTHPLACE (city or town) Maryland.	Other Contributory Causes of Importence:
(State or country)	
14. BIRTHPLACE (city or town) Maryland.	
14. BIRTHPLACE (city or town) Maryland.	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clima Harmon	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Clina Harmon 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?

Where did injury occur?. (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Wes	disease	or injury in	eny way	related to	occupation o	f deceased?

If so, specify

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injur

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
PERSONAL V. E.	1				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

JAKGIN KESEKVED FOR BINDING	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.
BINI	ERM	EX	y clas
FOR	IS A I	stated	proper
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Workster	Registration Dist. No. 30
Village or City 2 Snow Hill	No. St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Mable Hamman	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR D(YORCED (wing the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Sept 20 1934 to Och 2 6 1934
6. DATE OF BIRTH (month, day, and year) DOT, 10 1920	I last saw h La alive on Oct 26 ,19 34; death Is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 5 20 Am.
14 0 16 rady,min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this eccuration (month and	Memorary
SAW MILL, BANK, etc	Jews Way
- Spell III (IIIS	
year) occupation	Other Centributery Canses of importance:
12. BIRTHPLACE (city or town) - MOWILand	
12. BIRTHPLACE (city or town) (State or county) 2 13. NAME James James	Themenon Substitution
	Name of operation
14. BIRTHPLACE (sity or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Colors Junal	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT 6 hose hamon (Address) Show III	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place MIX. Weoley Date QCX, 27, 19.74	Manner of injury
19. UNDERTAKER The Stillians	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10/27, 1934 RECoy Sweth Registrar.	. (Signed) CPP ose M.D. (Address) And After md.
If more blanks are needed address Casta Discourse	N. C. J. C. B. D. J. C. B. D. C.

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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

CTATE OF	MADVI AND CED	TIFICATE OF DEATH	
STATE OF	MARYLAND—CER	TIFICATE OF DEATH	1
1. PLACE OF DEATH		(159)	
County Workship	••••••	Registration Dist. No. 3 1	10
County Worester Village or City Berlin	md No.	St	
A Secretary of the Manager of the Control of the Co	(If death occur	rred in a horpital or institution, give its NAME instead of street a	and
Length of residence In city or town where death	occurredyrsmosds	s. How long In U.S. If of foreign birth?yrs	
2. FULL NAME Infant	Hastings		

u6.5

County Worrests	T.	Registration Dist. No. 3 34	2
Village or City Berl	in ma	No. St	Ward
Length of residence In city or town where	(I death occurredyrsmo	If death occurred in a horpital or institution, give its NAME instead of street an sds. How long In U.S. If of foreign birth?yrs	d number)
2. FULL NAME Infa	ut Hastin	gs	
(a) Residence: No.		St., Ward.	
PERSONAL AND CTATION	(Usual place of abode)	If nonresident give city or town as	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
Hemale White	S. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 4 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY That I attenda	ad deceased from
6. DATE OF BIRTH (month, day, and year)	at 2 1921		1939
7. AGE Years Months	Days If LESS than	I last saw hla alive on Q 1 3 ,19.2	X_; death is said
	3 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Prematria Brito	Oct 2-39
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
10. Data deceased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation		
12. BIRTHPLACE (city or town)	L, and	Other Contributory Causes of importance:	
1 1/1 / 2	1. Ir		
13. NAME 14. BIRTHPLACE (city or town)	aslings		
4. BIRTHPLACE (city or town)	ma, f	Nama of operation Date of	
(Stata or country)	2/ 100	What test confirmed diagnosis? Was there are	autopsy?
15. MAIDEN NAME (Mary 16. BIRTHPLACE (city or town)	hadaer	23. If death was due to external causes (VIOL ENCE) fill in also the following	_
16. BIRTHPLACE (city or town) (State or country)	ma,	Accidant, suicide, or homloide? Data of Injury	, 19
17. INFORMANT Hred	Hastings	Whera did Injury occur? (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	ate) LACE.
(Address) 5 Cr	lu mid		
18. BURIAL, CREMATION, OR REMOVAL Place Language	Date Oct 4, 1934	Manner of Injury	
11/11/12	. A h c ci -	Nature of Injury	<u> </u>
19. UNDERTAKER (Address)	in and	24. Was disease or Injury In any way related to occupation of deceased?	ino
20. FILED. Oct 4, 1934 . 1 4	Munchood	(Signed) Q a Holland	
7,10,7	Registrar	(Address) Bully A	md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. Village or City (II death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred How long In U.S. if of foreign birth? (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) (Year) 5e. If merried, widowed, or divorced HUSBAND of CERTIFY. That I ettended deceased from (or) WIFE of If LESS than 7. AGE Yeers Months Days 1 dayhrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Oate of onset Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Oate deceased lest worked at 11. Total time (years) this occupation (month and spent in this occupation _____ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation_ (State or country) What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury 24. Was disease or injury in any way related to occupation of deceased: 19. UNOERTAKER (Address) (Address) Registrar. If more blanks are needed, Adress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

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STATE OF MAR	LAND-CERTIFICATE	OF DEATH
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	1. PLACE OF DEATH	
	county Worcester	Registration Dist. No. 3574
-7	Village or City Stocton	No. St Ward
1		death occurred in a hospital or institution, give its NAME instead of street and number)
	2. FULL NAME Josephine Hallan	7
	(a) Residence: No.	O. Wd
	(Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED furite the word	21. DATE OF DEATH
6	5a. If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	22. i HEREBY CERTIFY, That I attended deceased from
	Remis Halland	, 19, to, 19
te.	6. DATE OF BIRTH (month, day, and year) Dont Know 1839	I last saw h; death is said
certificate.	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
erti	/6 U ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
o jo	8. Trade, profession, or particular kind of work done, as SPINNER,	It ad no Dactor - but
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and the state of the state	andition at time of diarn
back	work was done, as SILK MILL, SAW MILL, BANK, etc.	myocarditis and cardine insubliciance
no	Spailt III tills	Geo. G.
ons	year)	Other Contributory Causes of importance:
ucti	12. BIRTHPLACE (city or town) (State or country)	
instructions	E 13. NAME Milliam Ohennis	
	Ε //	
See	(State or country)	Name of operation Date of
1	15. MAIDEN NAME Sout Brown	What test confirmed diagnosis? Was there an autopsy? 23. if death was due to external causes (VIOLENCE) fill in also the following:
important	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
odu	(State or country)	Where did injury occur?
very in	17. INFORMANT Story Holleged	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is v	18. BURIAL, CREMA LON OR REMOVAL	Manner of Injury
	Place Date Date 1934	Nature of injury
TION	19. UNDERTAKER Nilliam & williamto	24. Was disease or injury in any way related to occupation of deceased?
7	(Address) Snow all mal	If so, specify
	20. FILED Oct 1, 1934 mary m Taylor	(Signed) Mary m Tagh. Rosel Bysha
1	Registrar.	(Address) Stockfur Mil

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER STATE	EMENTS BY	PHYSICIAN
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1. PLACE OF DEATH	A MARTLAND	CERTIFICATE OF DEATH	06.3
County worces	ev:	Registration Dist. No. 35-2	2
Village or City Aceau	City mo	No.	W
		f death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where	deeth occurredyrs,mo	s	os
2. FULL NAME Walle	26. Hud	lou	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	6
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE While	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Yeer)
5e. If married, widowed, or divorced HUSBAND of Cor) WIFE of	Hudson	22 A HEREBY GERTIPY That I attended	
6. DATE OF BIRTH (month, day, end year)	uly 2/2 1880	I lest sew h Ceer elive on Oct 18 19350	; deeth is
7. AGE Yeers Months	Deys If LESS then 1 day,hrs. ormin.	to heve occurred on the date steted above, et	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Konel	Mejocardele	Date of or
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc			
10. Dete decessed last worked et this occupation (month and year)	11. Totel time (yeers) spent in this occupetion		-
12. BIRTHPLACE (city or town) Bush (Stete or country)	roprille mg.	Other Castributory Causes of importance:	6
II 13. NAME Willard	Hudson		
14. BIRTHPLACE (city or town)	140	Neme of operation Dete of	-
(State of country)	ryland_	Whet test confirmed diegnosis? Was there en e	
15. MAIDEN NAME many 16. BIRTHPLACE (city or town) (State or country)	Mudson	23. If deeth was due to externel causes (VIOL ENCE) fill in elso the following Accident, suicide, or homicide? Dete of injury Where did injury occur?	:, 19
17. INFORMANT / CHILLIAN (Address) Hrankf	nd Del R.DI	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place 1.3 1.5 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7	Date Oct. 20 , 1934	Menner of injury	
19. UNDERTAKER M. Planta (Address)	ville Del.	24. Was diseese or injury in eny wey related to occupetion of deceesed?	
20. FILED 10/18 - , 1934	S. Junfield Registrar.	(Signed) (Address)	- 0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SCHOOL STORY		3		
Other contributory causes of importance:		Other contributory causes of importance:	- 1	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

150

PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1. PLACE OF DEATH					/		
	County Worcester						Registration Dist. No.	314
	Village or	City	Stocktor	1		No		St. Ward
	Langth of sa	eldanes in a	ity or town where	looth assured		death occurred in a horpital or instit		
					yis,mos		or rotaligit mittiti:yts	ds.
2			Morgan I					a design and
	(a) Reside	nce: No	Stockto	(Usual place	of abode)	St., Ward.	If nonresident give city or to	wn and State
	PERSOI	VAL AN	ID STATISTI			MEDICAL C	CERTIFICATE OF DEA	
	sex Wale		or or race	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Stockton Octo	ober 2nd.	, 1934
5a.	If married, wido			1 043 3	. 204		(Month) (Day)	(Year)
	(or) WIFE of	Cla	ra E.Jor	nes		1 HEREB	Y SERTIFY, That I at	5/2
						dept 29	10 X, ta) eff	29 ,1934
			y, and year) All	1		I last say hlive on	760 = - 9	death is said
4		ars	Months	Days	If LESS than 1 day,hrs.	to have occurred on the data stat	ATH and related causes of Important	••
		9	<u> </u>	29	ormin,	were as follows:	Andreated causes of important	Date of onset
NO	8 Trade, profi	work done,	COLMNED -	vsterms	n	- lb	1	
OCCUPATION	Salndustry or	business in	n which	W.H.Y.Y.H.W.	######################################	Christ !	must 1.	7
SUP	O SAW MI	LL, BANK,					aug of h	sety year
Ö	10. Date decea	sed last wo upation (mo	rked at Sept	. 11. Total t	ime (years) nt in this			
_	year)			000	upation LII 6	Other Councibatory Causes of imp	portance:	21
12.	BIRTHPLACE (Charmi	myocardete	
~	(State or cou			ryland.				7
FATHER	13. NAME		m E.Jone			Clskyng	dea	Jurday
FAT	14. BIRTHPLAC	E (city or to	own) Stock	ton vland.		Name of operation		ate of
œ				,			Was th	
MOTHER			iza W.T				auses (VIOLENCE) fill in also the f	
MO	16. BIRTHPLAC	E (city or to r country)	wn) Stock	land.			Date of Injury.	, 19
						Where did injury occur?	(Specify city or town, county	and State)
17.			ara E.J.			Specify whether injury occurred	in INDUSTRY, in HOME, or In PUB	ILIC PLACE.
(Address) Stockton, Maryland.		Manner of Injury						
ah. I	Place	ckto	Cemete:	DateOct	4th.,1934.	Nature of injury		1)
10	UNGERTAKER	Mars.	in P	Sta	0 . 1 . 101		way related to occupation of deceas	Trobol
19.	(Address)	ocomo	ke City	Maryla	nd.	If so, specify	man -	
20	.0 .		1934-			(Signed)	Z Jastone	9 M. D.
20.	FILED SA SUA.		13224	- 1 Irani	Registrar.	(Address)	Johns (to mi
		4 12 12 12 12 12	If more	blanks are needed.	iddress State Registrar.	2417 N. Charles Street Ballimon P.	Requesting 7) S. No. 2	7

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Village or City. Village or C	1. PLACE OF DEATH	19			
Langth of rasidance in city or town where deeth occurred yrs	County Marcester	Registration Dist. No. 355			
Langth of rasidance in city or fown where deeth occurred. (a) Residence: Naji and County of the Cou		NoSt., Ward			
(a) Residence: No Personal AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE B. PINORCED Course the word; Sa. If married, wildweed, or divorced (or) WHE of (or) WHE o		A			
(a) Residence: Nutrition of abode) St., Ward. If nonresident give city or town and State	11. 1.1 11.1.	1+1+			
PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED / Write tha word) For interied, widowed, or divorced HUSBAND of (Or) WIFE of 8. DATE OF BIRTH (month, day, end year) 7. AGE 13. SAWYER, SIONER, SER, etc. 8. Trede, profassion, or perticular, or better with the concurrence of the country of business in which work was done, as SILK MILL. SAWNER, SIONER, SER, etc. 11. Total time (years) 12. BIRTHPLACE (city or town) 13. SAWYER, SIONER, SER, etc. 14. BIRTHPLACE (city or town) 15. MADEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. Infect, profassion, or perticular 19. To a silve on 10. June deceased lest worked at this cocquation ment and which year) 19. Infect, profassion, or perticular 19. To death is said to have courted on the date stated above, etc. 19. The PRINCIPAL CAUSE OF DEATH and related clauses of importance ware as follows: 10. Date deceased lest worked at this cocquation ment and which year) 10. Date deceased lest worked at this cocquation ment and year occupation which were as undeparted to the cocquation of deceased of the following: 19. To death is said to have country of business in which were an undeparted to have country of the said of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Industry occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Industry occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Industry occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Industry occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Industry occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Were did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Were did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Were did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Were did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Were did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Were did injur	(M. 10) 11(8) Y X				
3. SEX 4. COLOR OR RACE OR PHYSICAL S. SINGLE, MARRIED, WIDOWED, OR PHYSICAL S. If married, widowed, or divorced HUSBAND or (or) WIFE of (or) WIFE	(a) Residence: No. (Usual place of abode)				
Sa. If married, widowed, or divorced (Month) (Day) (Yaar) 5. If married, widowed, or divorced (Or) wife of (PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
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3 1 1 day	6. DATE OF BIRTH (month, day, end yaer)	I last sew her alive on Oct - 12, 1974, death is said			
3. Trede, profassion, or perticular hind of work done, as SPINNER, SAWYER, BOOKREPPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKREPPER, etc. 9. Industry or business in which work was done, as SPINNER, saw					
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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RESERV	
MARGIN	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEAT of plnods Registration Dist. No. 332 item (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Every Length of residence in city or town where death occurred. statement 2. FULL NAME CORD. (a) Residence: No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT CTL classified. 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 4 F 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months If LESS than Days stated 1 dev.____hrs. 7 The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. 8. Trade, profession, or particular kind of work done, as SPINNER, Date of oneet OCCUPATION SAWYER, BDDKKEEPER, etc.... may back 9. Industry or business In which AGE should work was done, as SILK MILL, SAW MILL, BANK, etc.... no 1D. Date deceased last worked at 11. Total time (years) this occupation (month end spent in this so that occupation _____ instructions 12. BIRTHPLACE (city or town) supplied. (State or country) plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) Neme of operation should be carefully (State or country) What test confirmed diagnosis? MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY. In HOME, or in PUBLIC PLACE OF (Address) 18. BURIAL, CREMATION, DR REMOVAL -WRITE Manner of Injury CAUSE mation LION 24. Was disease or injury In eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

								1
ATE	OF	MARYL	AND-	CERTIF	FICATE	OF	DEATH	1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	OERTH TORTE OF BEATH
County Ill recepter	Registration Dist. No. 3 5-2
Village or City A Carl	41
(1)	Mard f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Miss and 10 M	Viita
(a) Residence: No. 13 chlin Ma	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Gar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Mister	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, end year) Male, 4. 1883	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
5-1 17 7 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
1 8 Tendo profession or postigular	were as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Cerebral Heman 4
9. Industry or business in which	
work was done, as SILK MILL, Hausewife	
10. Date deceased last worked et this occupation (month and spent in this	
year) spent in this occupation 3.0	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Ded.	
(State or country)	
13. NAME Edward Pyrriell 14. BIRTHPLACE (city or town) MA	
4. BIRTHPLACE (city or town) PNA	Name of operation
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME / 15. MAIDEN NAME / 16. BIRTHPLACE (city or town) / 16. BIRTHPLACE (city or town) / 17. MAIDEN NAME / 18. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town) / Mid	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Carried Purnell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR BENTOVAL	Menner of injury
Place At flauls Date Oct. 29, 1934	Neture of Injury
10 HADERTAKER S. III Bushing.	24. Was disease or injury In any way releted to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
De 119 311 0 14 M. 1999	(Signed has I deal mp

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			U 3.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

- 13	6 4	10		-1
1	U	()	1	4

1. PLACE OF	F DEATH			(82:0)				
County	Worcester		WITHIN CORP	Registration Dist. No.				
Village or C	ity Pocomoke	City		No. 5th. And Walnut St.s. W	ard			
Length of resi	dence in city or town where	death occurred		If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos	_ds.			
2. FULL NA	ME Thomas L	lenry Ou	tten					
(a) Residen				St., Ward.				
PERSON	IAL AND STATIST	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH				
3. SEX	4. COLOR OR RACE		RIED, WIDOWED.	21. DATE OF DEATH	_			
Male	White		D (write the word)	Pocomoke City October 8th. 1934. (Month) (Day) (Year				
5a. If married, widow HUSBAND of (or) WIFE of	sadie V.Out	ten		22. / I HEREBY CERTIFY, That I attended deceased if				
	(month, day, and year) De	cember3	rd.1876.	I last gaw h aive on CCT 8, 1934; death is	said			
7. AGE Yea		Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, a4 . 20Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance				
57	10	5	ormin.	were as follows:	nset			
kind of w SAWYER,	vork done, as SPINNER, BOOKKEEPER, etc	ceman		Cerebral Hewankagy				
9. Industry or work was	business in which							
SAW MIL	s done, as SILK MILL, L, BANK, etced last worked at Sept	11 Total ti	ime (years)					
Inis occu	pation (month and 193		nt in this 30					
12. BIRTHPLACE (cit	ty or town) Norces	ter Cou	ntv	Other Contributory Causes of importance:				
(Stata or cour								
13. NAME	Henry C.Ou	tten						
	(city or town) WOICE		inty	Name of operation				
(State or	ME Mary Franc	vland	i o	What test confirmed diagnosis? Was there an autopsy?	L			
I I				23. If death was due to external causes (VIOLENCE) fill in also the following:				
	(city or town) NOT.Q(arvland		Accident, suicide, or homicida? Date of injury, 19				
	s Sadie V.C		and	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMAT	ion or REMOVAL St Cemetery Omoke City	DatOct _]	llth 19.34	Manner of injury				
19. UNDERTAKER	munit X	tever	ison	24. Was disease or injury In any way related to occupation of deceased?				
A 7	comoke City	Maryla	nd.	If so, specify ABU auxiliary				
20. FILEDO	9. 1934	m. I.	Rekistrar.	(Address) Lawrence Cile Jud	yl. D.			
					~ ~ ~ ~			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

certificate.

TION is very important. See instructions on back of

of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH

Cou	nty Word	ester				Registration Dist. No. 3	14
Village Dr City Stockton					No	st.	Ward
Leng	th of residence	in city or town where de	ath occurred			ution, give its NAME instead of street of foreign birth?yrs	
		William O					
100	Residence: N		K75795 - 14" 295	J. # & V	St., Ward,		
(4)	modiucinoc. III	J	(Usual place	e of abode)	Juj	If nonresident give city or town	and State
PE	RSONAL	AND STATISTIC	CAL PART	ICULARS	MEDICAL C	ERTIFICATE OF DEAT	Н
Male	OR DIVORCED (qurite the word)			21. DATE OF DEATH Stockton? Oc	otober 8th.	, 193 4 (Year)	
HIISBA	d, widowed, or ND of IFE of Mar	divorced y T.Payne			22. HEREB	Y CERTIFY, That I atten	11 11 11 11 11
6. DATE OF	BIRTH (month	, day, end year) A 70	ril 161	th.1853.	I last saw h	1 1 1	34 death is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stat		
	81	5	22	I dey,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related causes of importence	Date of onset
O. Indu	istry or busine	as SILK MILL, Inst	ırance		Diables	Mellitus)	2/2/
To Sharette	this occupation year)	(month and	sp:	ent in this cupation			
	LACE (city or to	wn) Worcesto Marylai		nty	Other Coutributory Causes of imp	ortance:	3 days
13. NAN	MEWrixa	m F.Payne					o o o po
	THPLACE (city)	or town) WORCE	ster Co	V	Neme of operation What test confirmed diagnosis?	Dete	
15. MAI	DEN NAME	Elizabeth	Jones			uses (VIDLENCE) fill in also the follo	
0 16. BIRT	THPLACE (city (State or count	or town) Orcest		inty	Accident, suicide, or homicide?	Date of injury	
		Pruitt ockton, Nar	yland.		Specify whether Injury occurred	(Specify city or town, county and in INDUSTRY, In HDME, or In PUBLIC	Diate) PLACE.
	GREMATIDE (enevery	Date Oct	10th19 34	Manner of injury		
19. UNDERT	AKER JOA Iress) POC	more City	Ture	and.	24. Was disease or injury in any to	wey related to occupation of deceesed	1. NB
20. FILED	. 1 "	, 1934 M	my m	Revistrar	(Signed) Solvy	A Dickers	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	R FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

20. FILED (14.2.

AGE should be

certificate.

MARGIN	UNFAD	upplied.
	WITH	efully su
	N. BWRITE PLAINLY, WITH UNFAD	mation should be carefully supplied.
V. S. No. 1	B.—WRITE	mation s
>	ż	(

1. PLACE OF DEATH	AND—CERTIFICATE OF DEATH
	Registration Dist. No. 5 J. T.
Village or City Girdletree	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredy	yrsds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME J. Washington Pilche	ard
(a) Residence: No.	St., Ward.
(Usual place of abo PERSONAL AND STATISTICAL PARTICUL	
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, OR DIYORCED (20)	WIDOWED. 21. DATE OF DEATH
	If LESS than to have occurred on the date stated above, at 1.40 m.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer (Ret work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 1928 11. Total time (year) cocupation (month and year)	were as follows: Date of onset Date of onset
12. BIRTHPLACE (city or town) Worcester County (State or country) Naryland.	
13. NAME Stephen Pilchard 14. BIRTHPLACE (city or town) Worcester Count, (State or country) Naryland.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMESusan Brittingham 16. BIRTHPLACE (city or town) Worcester Count (State or country) Maryland.	Where did injury occur?
17. INFORMANT Russell Pilchard (Address) Snow Hill Maryland.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Stockton, Id. pate Oct. 5	Manner of injury Nature of injury
19. UNDERTAKER MICOUL. Steven (Addiess) Pocomoke City, Maryland	24. Was disease or injury in any way related to occupation of deceased? As,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

mary m Lay

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE	OF MARYLAND—	CERTIFICATE OF DEATH	18
1. PLACE OF DEATH	L	159	-
County // orus	ur p	Registration Dist. No. 35	2
Village or City	lu Ma	No. St., death occurred in a hospital or institution, give its NAME instead of street and number	War
Length of residence in city or town where		ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME MUS	w Muson	M	
	f General	Ot Ward	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH X 15	4
. If married, widowed, or divorced		(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended decess	ed fr
	21 1	1954,10	9=
DATE OF BIRTH (month, day, and year)	let 14, 1934	2 D	th is s
AGE Years Months	Deys If LESS then 1 day,hrs.	to have occurred on the dete steted ebove, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importence	
	ormin.	ware as follows:	ofon
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Fremative Gotte	
9 Industry or husiness in which	***************************************		
work was done, es SILK MILL, SAW MILL, BANK, etc			
10. Dete deceased lest worked et this occupation (month end	11. Totel time (yeers) spent in this		
year)	occupation	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town)	rd,	Other Countries Causes of Importance.	
(State or country)	0 00		
13. NAME Leonard	Murnell		
14. BIRTHPLACE (city or town)	mid,	Name of operation Date of	
(Stete or country)	i an	What test confirmed diegnosis? Was there an eutops	y? 7
15. MAIDEN NAME (STATES	ia Gurnell	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town)	ma,	Accident, suicide, or homicide? Date of injury	19
(State or couptry)	17 00	Where did Injury occur? (Specify city or town, county and State)	
(Address)	Alia mad	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
BURIAL, CREMATION, OR REMOVAL	2-1-1	Manner of injury	
Plece of Acuts	Dete CORA, 1934	Neture of injury	
). UNDERTAKER (Address)	Bankbage	24. Was disease or injury in any wey related to occupetion of deceased?	0
0. FILED 10 - 16 1994 He	len J. Hannar	(Signed) CE Achotte (Address) Burley Md.	N
76		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ED FOR BINDIN	HIS IS A PERMANI	be stated EXAC7	be properly classifie	of certificate.
IARGIN RESERVED FOR BINDING	UNFADING INK-TE	supplied. AGE should	n terms, so that it may	ee instructions on back
0.1	-WRITE PLAINLY, WITH	mation should be carefully	CAUSE OF DEATH in plai	TION is very important. See instructions on back of certificate.

			F MAR	YLAND-	CERTIFICA	TE OF DEATH	10608
	PLACE OF DEA	1			119		250
	County Worce					Registration Dist. No.	24-
	Village or CityCo	DUMTIT		(1)	NoNo	or institution, give its NAME instead of	street and number)
	Langth of residence In	city or town where d	eath occurred	yrsmos	sds. How long in	U.S. if of foreign birth?yrs.	ds.
2. F	TULL NAME I	Russell	Elwood	Redden			
	(a) Residence: No.				St., Ward.		
			(Usual place			If nonresident give city o	
	PERSONAL A		CAL PART	ICULARS	MEDIC	AL CERTIFICATE OF D	EATH
s.sex Val		or or RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DE	0 1 2 0 0 0	h. 193 4
HU	narriad, widowed, or div USBAND of or) WIFE of	vorcad			22. OFFER		l attended deceased from
s DATI	E OF BIRTH (month, d	ay and was \$7 a.m.	amban 1	5+h 1077	I last saw h	100 Cet 27	1 27 , 19.3 4 , 1944; death is said
7. AGE	Yaars	Months	Days	If LESS than		lata statad abova, at 4.40Pm.	-, Liberti, death is said
	**	1 77	27	I day,hrs.	The PRINCIPAL CAUSE	OF DEATH end related causes of Impo	rtance
8.	B. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc.			ware as follows:	Politi-	Date of onset	
0	SAWYER, BODKKE	e, as SPINNER, EEPER, atc	•••••				
occupation 9	Industry or businass work was done, as SAW MILL, BANK	SILK MILL.	*****				
10.	Date deceased last w this occupation (m year)	orked at onth and	II. Total i	ime (years) nt in this upation			
	THPLACE (city or town (Stata or country)	4.7			Dther Contributory Cause	s of Importance:	
1			ryland.		-		
<u> </u>	NAME RUSSE						
₹ 14.	BIRTHPLACE (city or (State or country)			unty	Name of oparation		Date of
¥ 15.	MAIDEN NAME 1 8		oswelli	20		nosis? Wa	
r -	BIRTHPLACE (city or (State or country)	town) Worce	ster Co	unty	Accident, suicide, or hom	arnal causes (VIOL ENCE) fill In also ti icida? Data of inj	
	ORMANT RUSS		ryland en		Whera did Injury occur? (Specify city or town, county and State) Specify whather injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.		
	(Addrass)R.F.D	.Pocomok	e City,	Nd.		***************************************	
1 6	LAL CREMATION, OR Place oodwil	emetery 1.Md.	Date Oct.	29th,1934	Manner of injury		
	DERTAKER LASS	could	Stev	enson	The state of the s	In any way related to occupation of de	caased?
20. FILE	C. 7 20	19.74 fr	In J. I	Registrar.	(Signad) (Address)	m Ch	I / M/D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF N	MARYLA	AND-CEP	RTIFICATE	OF	DEATH
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- 1	6- 1	1 2	5	2	7	C)
		U.	1	,)	9	ÿ

1	. PLACE OF DEATH			WITHIN CORP	SEATE LIMITS 6)	92-0	
	County Worces	ter		POC	OMOKE CITY	Registration Dist. No.	350
	Village or City Pocom	oke Cit	у.		No		St., Ward
	Length of residence in city or	town where death	occurred			institution, give its NAME instead o S. if of foreign birth?yrs.	
2	FULL NAME GEO					or o	
2			(TOHAL)	LBUIL	Ct Ward		
	(a) Residence: No.		(Usual place o	f abode)	St., Ward.	If nonresident give city of	or town and State
	PERSONAL AND S	STATISTICA	L PARTIC	CULARS	MEDICA	L CERTIFICATE OF D	EATH
3. S	Male 4. COLOR OF	+0		IED, WIDOWED, (write the word)	21. DATE OF DEAT		133 -
5e.	If married, widowed, or divorced HUSBAND of (or) WIFE of Annie	Richard	lson		22. ACC 3	EBY CERTIFY That	, , , , , ,
6. I	DATE OF BIRTH (month, day, end	year)June	20th.	1860.	I last saw h alive o		, 19.3. 4; deeth is sald
7. /		Months	Days	If LESS than	A STATE OF THE PARTY OF THE PAR	e stated above, at 8 • 15P m.	
-	74 Trede, profession, or particu	3	19	ormin.	The PRINCIPAL CAUSE OF were as follows:	DEATH and related causes of Impo	rtanca Oate of onset
OCCUPATION	kind of work done, as SI SAWYER, BOOKKEEPER, 9. Industry or business In white work was done, es SILK SAW MILL, BANK, etc 10. Oate deceased last worked	etc	arpent		Audden	Pallafr	~ 19/9.54
ŏ	this occupetion (month er	nd	nega	tin this	*		
12.	BIRTHPLACE (city or town)(State or country)	orceste		nty	Other Coutributory Causes o	f importance:	
ER	13. NAME William	0-				/	
FATHER	14. BIRTHPLACE (city or town)_ (State or country)	Somerse		aty		sis?Wa	
ER	15. MAIDEN NAME ary A					nal causes (VIOLENCE) fill in also ti	
MOTH	16. BIRTHPLACE (city or town) (State or country)	Worcest Waryla		inty	Accident, suicide, or homicide	de? Date of Inj	
17.	INFORMANT William (Address) Pocomok	Small e City	Narvla	nd.	Specify whether injury occur	(Specify city or town, courred in INOUSTRY, in HOME, or in	nty and State) PUBLIC PLACE,
18.	BURIAL CREMATION, OR REMOV	VAL		llth.1934	Manner of injury		
19.	UNDERTAKER LEMOS (Address) OCOMOKO	ul X	tive	usore		eny way related to occupation of de	ceased? No
20.	FILED Oct 11. 193	4 John	FR	Registrar	(Signed)	Tocamohi	Cele M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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item of infor-

PHYSICIANS should state

stated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

See instructions on back of certificate.

TION is very important.

of OCCUPA-

Exact statement

1	STATE (OF MARY	LAND-	CERTIFICATE OF DEATH	0690
	County Norcester			Registration Dist. No. 354	
	Village or City Girdletre			NoSt.,	Ward
2	2. FULL NAME DOLLIE En			ds. How long in U.S. if of foreIgn birth?yrsmo	sds.
	(a) Residence: No.	(Usual place of s	abode)	St., Ward. If nonresident give city or town and state of the state of	State
	PERSONAL AND STATIST	ICAL PARTICU	ULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Female White	5. SINGLE, MARRIE OR DIVORCED (* Widow	D. WIDOWED, write the word)	21. DATE OF DEATH Girdletree October 21st. (Month) (Day)	193 4 (Year)
6.	If married, widowed, or divorced HUSBAND of Cor) WIFE of Theodorej. S DATE OF BIRTH (month, day, end year) AU	gust 24th		22. I HEREBY CERTIFY. That I attended of June 12. 1934 to Well 1. 1934	, 19.3.4
	AGE Years Months	70	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 1 - DUAm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNERHO SAWYER, BOOKKEEPER, etc	11. Total time	(years)	Valoria Disease of	
	this occupation (month and year) BIRTHPLACE (city or town) ACCOMA (State or country) Virgi		n this tion	Other Contributory Causes of importance:	2.411
ER	13. NAME John Wm. Colbo				
FATHER	14. BIRTHPLACE (city or town) ACCOM (State or country) Vir	ac County		Name of operation Date of What test confirmed diagnosis? Was there en au	
MOTHER	15. MAIDEN NAME Annie E.T. 16. BIRTHPLACE (city or town) ACCOM (State or country) Virgi	ac County		23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
	INFORMANT Mrs. Clayton (Address) Girdletree, M	Jones		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18.	BURIAL CREMATION OR REMOVAL			Manual of Latin	

20. FILED__

(Signed) Registrar.

Nature of injury

24. Was disease or If so, specify

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of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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921	Run over by street car	1 week ago
15,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
y 1,1923	Gastroenteritis	1 year
1		Other contributory causes of importance:

ADDITIONAL SPACE FOR FU	URTHER S	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MADVI AND CEDTIFICATE OF DEATH

	1. PLACE OF DEATH	CERTIFICATE OF DEATH
1	county Worcester	Registration Dist. No. 35/
1	0:10-4	
	Village or City Suddebute Route (No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Langth of rasidenca in city or town whara daath occurred	ds. How long in U. S. If of foraign birth?yrsmosds.
1	2. FULL NAME Didney Thomas &	mach
	(a) Residence: No.	St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Male White OR DIVORCED ("write" The word)	(Clobe) 2 f , 193 f , (Month) (Day) Haar)
	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Maufin Smack	22. I HEREBY CERTIFY, That I attended daceased from
ıte.	6. DATE OF BIRTH (month, day, and year) Flef 14 1866	I last saw h Muralive on A 19 death is said
certificate.	7. AGE Yaars Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm.
ert	68 6 ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
o jo	8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Day Blown Cause Oth
	9. Industry or business in which	1111 Reh 2011 d. 1 1031
back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	///
instructions on	10. Date daceased last worked at this occupation (month and 1934) spent in this occupation.	
ions		Other Contributory Causes of Importance:
ueti	12. BIRTHPLACE (city or town) (State or country)	
str	W 13. NAME John Domach	
	E ZM- I O	District of a limit of
See	14. BIRTHPLACE (city br town) MANUAL COUNTY)	Name of operation Date of What test confirmad diagnosis? Was thara an autopsy?
nt.	15. MAIDEN NAME Martha Smack	23. If daath was due to extarnal causas (VIOLENCE) fill in also tha following:
rta	15. MAIDEN NAME Matha Smach 16. BIRTHPLACE (city or town) Manyloring (State or country)	Accidant, suicida, or homicide? Data of Injury, 19
od u	∑ (State or country)	Where did injury occur?
is very important.	17. INFORMANT COSCO Smack (Addrass) Show Will Mig	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
A S	18. BURIAK OBEMATION OR REMOVAL	Mannar of Injury
	John July 4 5 Cm Date OCS. 3/ ,1934	Nature of Injury
LION	19. UNDERTAKER Hame Andrews	24. Was disaase or injury in any way ralated to occupation of dacaasad?
-	(Addrass) Sorow Hill My	If so, specify
T	20. FILED 10/30, 1934 REROY Swith	(Signed) M.D.
-	Registrar.	(Addrass) Duri Helfalla.

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TATAMAT TATAMATA	OI INVIII	Y. OTF	T. OTOT TETTE	O T A F T T T T T T T T T T T T T T T T T	10 1	T THE OF CHARACT

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item of infor-

1. PLACE OF DEATH	CERTIFICATE OF BEATH 10632
County Worustes	Registration Dist. No. 355
Village or City Berlin Mad	
(I Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Aulwester X	Turqui
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH OF 30 - 193 4
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
Dat 22 1023	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Devs If LESS than	I last saw h alive on, 19; death is said to have occurred on the date stated above, at,
1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Frade profession or particular	were as follows: Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Consental
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and	A. C. O. W.
SAW MILL, BANK, etc	Primary C. D.
this occupation (month and spent in this year) occupation	of wear Gernativity.
mad	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	
E 13. NAME UNAMANANA	•
13. NAME MARIANE 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME EST Sturgis 16. BIRTHPLACE (city or town) nug.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Med.	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT RELEASED (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece / frankrive vete / 10/ 1934	Nature of injury
19 UNDERFARER S. W. 13 whase	24. Was disease or injury in any way related to occupation of deceased?
(Address) Butter // and	If so, specify
20 FILED 11-1- 1934 Nelon F. Howard	(Signed) Chas- M. D. M. D.
Registrar.	(Address) Bushing Inch

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	BECFIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	ephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 5 18A	July 5,1927	Peritonitis	3 days ago	
	gijar-A				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FUI	IER STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

	60	13	FA	3
1	U	()	V	()

1. PLACE OF DEATH	(153)		
County Worcesur	Registration Dist. No. 3474		
Village or City Unamwille, md (I Length of residence in city or town where death occurred yrs. mo	No. St., Ward f death occurred in a hospital or inslitution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.		
2. FULL NAME James Liny Wells (a) Residence: No.			
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Of Today (Year)		
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from ,19,19,19,19		
6. DATE OF BIRTH (month, day, and year) Supt. 29 1934 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h; deeth Is said to have occurred on the date stated above, atm.		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and spant in this	Mourahment Hart Wi Over unt dur have Lida Wileser wohn was		
12. BIRTHPLACE (city or town) Warnielle MA (State or country)	Other Contributory Causes of Importangs: - inf. at time of birth.		
13. NAME William Dennis			
13. NAME William dimins 14. BIRTHPLACE (city or town) (State or country) way family	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Carrie Shribert Wilest 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?		
18. BURIAL, CREMATION, OR REMOVAL Place A Transport Date Oct-8, 1934	Manner of injury		
19. UNDERTAKER Charlie Balland, (Address) Jacannike City md.	24. Was disease or Injury in any way related to occupation of deceased?		
20. FILED Oct. 7, 19 4 Mary M Tuyla Registrar.	(Signed) Many M. Taylor Local Registration		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MOTHER FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2.
County Wartester	Registration Dist. No. 355
Village or City 1 Burlin 2nd.	No. St Ward
(If Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in J. S. if of foreign birth?
2. FULL NAME Eliza H. W. In	itti of
117	muy we
(a) Residence: No. (1) Sulling Mills (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH
Almal While Married	(Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
John Whittington	1933 ,19 ,to Oct 14 1934
6. DATE OF BIRTH (month, dey, and year) Bet. 13/858	I last saw h_LAalive onCl_d
7. AGE Yeers Months Days If LESS than 1 day,	to have occurred on the date stated above, at
6 0 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed lest worked at this occupation (month and	Julianlung formy 1532
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
spellt il this	
year) spent in this 30 occupation.	Other Contributary Causes of Importence:
12. BIRTHPLACE (city or town) / MA (State or country)	
	arthetis
I TOO ON THE STATE OF THE STATE	Mand
I4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diegnosis? Wes there an eutopsy? Le
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Miss Edna Whittierton	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bestin mal	
18. BURIAL, CRÉMATION, OR REMOVAL Place (LASSALLICANA) Date Out 1/0 1934	Manner of injury
Place of assured of Date Old 10, 1934	Nature of injury
19. UNDERTAKER 14 M. J.	24. Was disease or injury in eny wey related to occupation of deceased? If so, specify
20. FILED LUXIG- 1994 Jelen 9. Harrista.	(Signed) Q A Holland M.D. (Address) Welling Ind-
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1			Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	10W 0 10SA	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	P. DEAL C.	July 5,1927	Peritonitis	3 days ago	
		.)			
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
ADDITIONAL	DIACE	LOI	I UKI HEK	STATEMENTS	DI	LUISICIA	$r \perp_{\mathcal{A}}$

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
Village or Cit POCOMOKE CITY 1.F. P. #	Registration Dist. No.
Alliage of City - 55 Co to 101 City - 5 Co to 101 C	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillow Yearle	
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	00 / 6 , 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Your)
HUSBAND of (or) WIFE of	22. I HEREBY CERTAFY. That I attended deceased from
5 DATE OF RIPTH (month day and year) 6et 16 1834	l last saw h effection 19 death is said
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Pears Months Days If LESS than	to have occurred on the dete stated above, etm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	frotopsed toll
work was done, es SILK MILL, SAW MILL, BANK, etc.	
- Into occupation (month and point in this	
year) occupation	Other Cantributary Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Share Market State 14. BIRTHPLACE (city or town)	Name of operation. Date of
(State or country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME 100 MOBELL	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL To James Come	Manner of Injury
Wester Co. Will Date Oct 17, 1034	Nature of Injury
19. UNDERTAKER Father from U. Cagic	24. Was disease or injury In eny way related to occupation of deceesed?
(Address) Facourte ley, R. F. J. F.	If so, specify
20. FILED 20, 19 39 John C. Registrar.	(Signed) (Address) . D.
tegoria.	(

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritondis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	44
Gallstones	May 1,1923	Gastroenteritis	1 year
* * * * * * * * * * * * * * * * * * *	4.00	- Your	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN